



DATE OF APPLICATION

DSHS 14-445 (07/2003)

APPLICATION FOR OBRA PROGRAM RENEWAL (NATCEP), Page 2

The following attachments are required for all programs. **Attach the following to this application.**

- ☐ 1. Application for OBRA Program Director, DSHS 14-370.
- ☐ 2. Instructional Staff Application(s), DSHS 14-369. This is not applicable if the Program Director is the sole instructor.
- ☐ 3. The curriculum outline and schedule of class and clinical presentations. The applicant must provide evidence of content that will lead to the achievement of all required nursing assistant competencies listed in CRF 42 483-152.

I _____ representing _____
Name of signing party (print) Name of applying entity

hereby acknowledge my understanding that the renewal process for a nursing assistant training program requires approval by the Department of Social and Health Services, before classes can be offered.

I further understand that I must notify the Department of Social and Health Services whenever significant changes for the training program occur in personnel, classroom locations, etc.

Signature

Date